

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048781

STATE FILE NUMBER

Registration District No.

233

Primary Registration District No.

4348

Registrar's No.

1

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 7 1964

1. PLACE OF DEATH

a. COUNTY Montgomery

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Wellsville

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 301 N. Madison

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery

c. CITY
OR
TOWN Wellsville

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
301 N. Madison

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Mirtie Mae Gastler

4. DATE
OF DEATH Dec. 30, 1963

5. SEX
female

6. COLOR OR RACE
white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH Mar. 20, 1884 9. AGE (last birthday) 79
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (City and state or country)
Big Springs

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William Dison

13b. MOTHER'S MAIDEN NAME

Ann Bridges

14. NAME OF HUSBAND OR WIFE

~~Elmer Middleton~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Elsie Middleton, Wellsville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

Cerebral hemorrhage
arterio-sclerosis

INTERVAL BETWEEN
ONSET AND DEATH
3 days
6 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-17-56 to 12-30-63 and last saw her alive on 12-30-63
Death occurred at 4:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

J. W. Buford

22b. ADDRESS

M.D. Wellsville, Missouri

22c. DATE SIGNED

1-1-64

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Jan. 1, 1964

23c. NAME OF CEMETERY OR CREMATORY

Wellsville

23d. LOCATION (City, town, or county)

Wellsville, Mo

24. FUNERAL DIRECTOR

Howard F. Myers, Wellsville, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

1-1-1964

26. REGISTRAR'S SIGNATURE

Laura B. Colquhoun

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 0700
2 0700
3
4 1
5 2
6
7 0
8 2
9 331x
10
11
12 90-0
13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 705

working under my personal supervision.

Student

Paul F. Owens

Signature of Student Embalmer

Signed

Howard J. Myers

Licensed Embalmer No.

4494

P. O. Address Wellsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.